## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyi	ist(s) MARC	BROK	<b>N</b>			
II. Name of lobbyi	ist's partnership,	firm or co	rporation, if an	ıv:		
						•
NEW ENGL	Name of partnership,	firm or cor	poration)		<u>·</u>	
Po Box Business Address:			CONCORD		IH	03302
Business Address:	(Street)		(Town/City)		(State)	(Zip Code)
(603) 369- (Telephon	4301	_ ( ).	(Fax)	e-ma	il Marce	encrate payers.
III. This statemen	t covers: (Choose	one – file	separate report			/ file a separate report
reportable expens	e transactions wn	ich are no	t attributable t	o any one chent	J.	
All reportable to	ransactions occurri	ng in the r	nonths prior to t	he reporting date	relative to the	following client:
1/2	England F (Full Name of C	Len	Ass	nichim		
New	(Full Name of	Client as it a	appears on the Lot	byist Registration	Form)	
<u>OR</u>	(		.,,	,	,	
All reportable trunrelated to any particular		obbyist (ir	icluding the lobb	oyist's family), o	r the lobbying	firm listed below which
IV. Date of Report	t April 25, 201 ctivity from date of r		to 3/31/18	July 25,	2018 []	
	October 31, 2 activity from 7/1/	2018		January	30, 2019 🗹 0/1/18 to 12/31/1	8
V. There have be If this box is checke Concord, NH 0330.	ed, complete just th		-			e last report.
VI. Check if additi	ional reports are a	attached:				
☐ If you have rec		•	. •		-	
☐ If you have paid Expense Reimburse		r reimburs	ed expenses, you	ı must file <b>Adde</b>	ndum B– Repo	ort of Honorariums or
If you, your fin	m, or your family h	ias made p	olitical contribu	tions, you must i	file <b>Addendu</b> n	C- Political Contribut
			,			
Sworn Statement/ I have read RSA 15 and complete to the	, RSA 15-B, RSA	14-C and !		reby swear or af	firm that the fo	regoing information is t
Lish			,	1-3	30-2019 (Date)	
(Signature of lobby	vist)				(Date)	)
MARC F. B.	ROWN					
(Print Name of lob	byist)		_			



## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	HEC I. BR	20WN	
II. Name of lobbyist's part	tnership, firm or co	poration, if any:	
			_
New England (Nathe of parts	ership, firm or corporation)	N8>04 ar	
	•	•	. 2 6
III. Name of Client			Date/-30-19
<b>Political Contributions</b>			•
			ter 664 paid on behalf of the
client/lobbyist and lobbying	g firm, indicate the fo	ollowing:	- 4
			· · · · · · · · · · · · · · · · · · ·
		41 1- 1	
Full name of candidate:	Vose	Michael	
•	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	300	Office Candidate is	Seeking
	. ,		
	<u> </u>		
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	Seeking
	ribution on the line abo		s or services provided, and enter the tion. If the actual cost is not known
· · · · · · · · · · · · · · · · · · ·			
	•		
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	

·				
(If more than three contributions we	ere made, report additional contrib	utions on separate adden	dum C forms.)	
Sworn Statement/Affirmati		• • •		
	-			
There and DCA 15 DCA 15	P and DCA 664 and hereby	100 11	t the foregoing inform	nation
I have read RSA 15, RSA 15-			t the totegoing intoth	
is true and complete to the be			t die lotegoing inform	
			/- 30-19 (Date)	
is true and complete to the be				·
is true and complete to the be				
(Signature of lobbyist)  MARC T. BROWN				<u> </u>
(Signature of lobbyist)  MARC J. BROWN				